

FROM : WESTDADE ROAD
Division of Corporations

PHONE : (305) 477-5555

AUG 23 2000 12:10PM P1
Page 1 of 2

P00000079878

Florida Department of State
Division of Corporations
Public Access System
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : MEDGUARD SERVICES INC.
Account Number : I19990000019
Phone : (305) 389-2049
Fax Number : (305) 266-7979

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 23 PM 4: 43

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FLORIDA PROFIT CORPORATION OR P.A.

H & L Medical Center Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FROM : WESTDADE REHAB

PHONE NO. : 305 4483296

Aug. 23 2000 12:11PM P2

Articles of Incorporation

H 000000 441942

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

H & L Medical Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2750 West 68 Street
Hialeah, Florida 33016

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The share which this corporation shall have the authority to issue is 100 shares of common stock no par value. Each share shall have equal rights with each other share with respect to dividends voting and liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

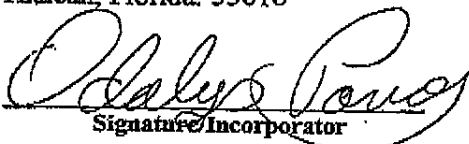
The name and Florida street address of the initial registered agent are:

Odalys B. Porro
2750 West 68 Street suite 224 (CP)
Hialeah, Florida. 33016

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Odalys B. Porro President
2750 West 68 Street suite 224 (CP)
Hialeah, Florida. 33016

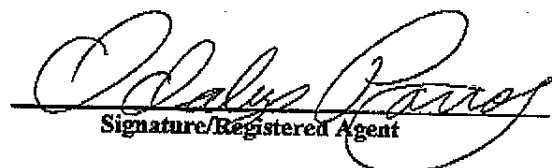

Signature/Incorporator

8/22/00
Date

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TALLAHASSEE, FLORIDA

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

8/22/00
Date

Medguard Services
1671 SW 67 Ave
Miami, Fl. 33155

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